

WISCONSIN TRAFFIC SAFETY REPORTER

NOVEMBER/DECEMBER 2000

Traffic Safety & Emergency Medical Services

Why work together?

by **Jon Morgan**, Director

Bureau of EMS and Injury Prevention
Wisconsin Department of
Health and Family Services

Sometimes there's a tendency to force collaboration when, in fact, the two parties relate only marginally. That might be the first impression of the connection between traffic safety and EMS, but a more in-depth look reveals many common issues and opportunities for solutions.

Motor vehicle crash victims represent the largest percentage of trauma victims cared for by EMS personnel, who therefore have a vested interest in traffic safety, both on the front end promoting prevention and on the back end treating crash victims. This is well recognized at the state and local levels as evidenced by collaborative programs that address the whole spectrum from prevention to treatment. State agency collaboration includes WisDOT funding of numerous EMS activities, the most prominent being financial support of an EMS data platform (see page 3). Local collaboration takes many forms—from education to innovative uses of technology that include improved traffic engineering and better coordination for dispatch of emergency vehicles.

As the new statewide trauma care system is developed (see page 4), the link between traffic safety and EMS will become even more important. Traffic safety and EMS must continue to look for ways to coordinate and complement each other in meeting the shared goal of decreasing injuries and deaths.

Learning EMS life-saving skills

by **Steven Teale**

Wisconsin's technical colleges play a central role in providing EMS training. The 16 districts of the Wisconsin Technical College System all offer EMS training, with over 45,000 people enrolling each year in courses ranging from the four-hour lay-rescuer Heart Saver CPR course all the way up to the 1,200-hour associate degree paramedic program.

The EMS skill levels are First Responder (see page 2) and Emergency Medical Technician (EMT)—Basic, Intermediate and Paramedic. All WTCS districts offer First Responder and EMT-Basic training, and EMS continuing education (with over 16,000 EMT and 10,000 First Responder participants each year). Fourteen districts offer EMT-Intermediate, and nine offer EMT-Paramedic. Many districts also offer advanced training for ambulance operators and dispatchers.

Over 80% of this training is offered off-campus, often in partnership with local and regional hospitals and clinical centers.

In response to requests from First Responder organizations, the technical college system recently began offering the National Registry of Emergency Medical Technicians First Responder certification exam on a volunteer basis.



Saving young lives for big futures

by **Mary Jean Erschen, RN, BSN, EMT**

The mission of the Wisconsin EMS for Children Program, within the Bureau of EMS and Injury Prevention, Wisconsin Department of Health and Family Services, is to improve the continuum of care for children from prevention through acute and chronic care.

Children are not small adults, and caring for them during an emergency is an important challenge.

- Timely access to EMS is not always available.
- Effective pediatric triage is inadequate, along with transport to an appropriate facility.

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UW Med Flight

Saving lives and helping preserve the quality of life. This is the day-to-day work of the physicians, flight nurses, dispatchers and pilots of Med Flight, the helicopter critical care service of the UW Health System.

Based at University Hospital in Madison, Med Flight's two helicopters can each transport two patients and travel up to 225 miles from Madison without needing to refuel. On a typical day four patients are transported; weekends and summertime are busier. One helicopter is fully staffed and

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At Blackhawk Technical College, firefighters help EMT-Basic students learn to use spinal precautions when extricating an injured person from a car wreck.

*Visit the WTCS Web site at
www.tec.wi.us.*



Med Flight's critical care service helicopters

What is a First Responder?

Typically serving in rural areas—where ambulances take longer to arrive at crash scenes—First Responders are individuals who provide immediate and temporary care until the ambulance arrives.

Often formed by concerned citizens, First Responder groups cooperate with local ambulance services. When an emergency call comes in, an ambulance is dispatched and a call goes out to a First Responder who can arrive at the scene more quickly and provide basic life support. Forty hours of training (see page 1) are required, covering CPR, basic wound care, bleeding control and airway management.

From the NHTSA Web site at
www.nhtsa.dot.gov/people/injury/ems/pub/

Get to know . . . Thomas Loeffler

*Regional Program Manager
 WisDOT Bureau of Transportation Safety*

BOTS Regional Program Managers are traffic safety consultants to all levels of local government, health departments, schools, boards and commissions. Within their areas of the state, the five RPMs help develop traffic safety projects and manage grant programs.



Thomas Loeffler, an RPM for 15 years, originally served the southern third of the state, including Madison and Milwaukee. Working with these cities, he successfully developed the two largest BOTS-funded Community Traffic Safety Programs, dealing with speeding and drinking and driving.

In 1990, the death of a four-year-old Milwaukee-area child killed by an intoxicated

driver prompted him to team up with cell phone companies and AAA-Wisconsin to develop and implement a statewide cellular 911 system so motorists can use their cell phones to report intoxicated drivers.

Among his recent projects: an FHWA-approved pilot to reduce speed on a Milwaukee freeway ramp by painting converging chevron patterns on the pavement (see the Jan. 2000 *Traffic Safety Reporter*); a crash reduction safe community/corridor pilot project on WIS 151 in Fond du Lac County; and working with a broad partnership to present awareness and training programs on traffic calming and roundabouts.

If your community has traffic safety concerns, give your RPM a call to team up to prevent injuries and save lives.

Contact Loeffler at (414) 266-1097 or
thomas.loeffler@dot.state.wi.us.



The **Wisconsin Traffic Safety Reporter** is published by the Bureau of Transportation Safety, Wisconsin Department of Transportation. Its purpose is to promote transportation safety, to recognize worthwhile programs, to educate and to share ideas with safety professionals.

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UW Med Flight

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available 24 hours a day, every day of the year, and the other is available 9AM to 9PM every day.

Among Med Flight services:

- Evacuation of critically injured patients from crash sites to the UW Hospital Level One Trauma Center.
- Transportation of critically ill or injured patients from one medical facility to one with a higher level of care available.
- On-site triage and disaster management.

The farther the patient is from Madison, the more time Med Flight can save compared to ambulance service. Cruising at about 170 mph, a patient can be brought from Wausau, for example, in about 50 minutes—a trip which takes an ambulance 3-4 hours.

Trained in critical care and both cardiac and trauma life support, Med Flight doctors and nurses not only save lives but often play a crucial role in helping preserve quality of life. For example, with brain injuries, brain swelling often causes lasting damage, and the more quickly care arrives the more this damage can be prevented.

Call (608) 263-8010 or visit www.medicine.wisc.edu/medflight

NEW Emergency department data collection program

by Judith Nugent

Starting late next year, a new state program will make emergency department data available for health care program planning and policy purposes.

The Bureau of Health Information, within the Wisconsin Department of Health and Family Services, has received legislative authorization to collect data from Wisconsin hospitals on each emergency patient. The data will be used to develop print material and Web-based information useful to legislators, state agencies, the media, educational institutions and private individuals.

With support from a WisDOT Bureau of Transportation Safety grant, a Technical Advisory Committee will soon be convened to recommend data elements to be collected and how they might be used. From these recommendations, a data submission manual will be developed. Also, a data reporting, editing and processing system on DHFS's computers will be created. BHI staff will develop administrative rules.

Hospitals will begin reporting on ER patients served in the first quarter of 2001, and a quarterly file will be completed by July 31, 2001.

Contact Judith Nugent, BHI, NugenJG@dhfs.state.wi.us.

Injury prevention in Wisconsin

by Linda Hale, RN, BSN, CEN, EMT

The Injury Prevention Section within the DHFS Bureau of EMS and Injury Prevention has the following goals:

- Reduce both unintentional and intentional injuries and deaths.
- Promote training of healthcare professionals—both pre-hospital and hospital—in emergency management of pediatric patients.
- Coordinate and assist in strategic planning and evaluation of injury prevention activities.
- Coordinate statewide emergency response for public health outbreaks and incidents.
- Provide technical assistance and resources, prevention program expertise, and injury data surveillance and dissemination.

The section deals with motor vehicle crashes—the leading cause of injury in Wisconsin—as well as with falls, burns, drowning, poisoning, homicide, suicide and sexual assault. Program areas include EMS for children (see page 1), emergency management, firearms data surveillance, and sexual assault prevention.

Collaboration with WisDOT Bureau of Transportation Safety has included holding a Native American transportation safety conference, sharing information, expertise and data on fostering safe community coalitions, and broadening partnerships in injury prevention to include local public health departments, hospitals and pre-hospital volunteers and professionals.

Contact Linda Hale at (608) 267-7174, or HaleLJ@dhfs.state.wi.us.

Wisconsin EMS medical director

DHFS Bureau of EMS and Injury Prevention has a state EMS medical director who serves as a medical consultant for a three-year term. This person must be a Wisconsin licensed physician with considerable experience and expertise in pre-hospital care.

The current director is Dr. Rick Barney of Whitewater, a board-certified emergency physician at Beloit Memorial Hospital and a Fellow of the American College of Emergency Physicians.

The Physician Advisory Committee—nine other Wisconsin physicians—provides expert advice on pre-hospital care. Appointed by the EMS Board, they serve three-year terms.

Recently the medical director and committee have developed new pre-hospital care provider levels, and have completed a minimum standards document for EMT (emergency medical technician)-Basic.

WEMSIS to the rescue

Improving data collection and analysis

Wisconsin EMS Information System (WEMSIS) is a data collection process which helps in assessing statewide EMS patterns and in identifying areas needing improvement.

On every ambulance run, information is collected on the incident and on all patient care administered at the scene and in the ambulance.

With the help of WisDOT grants, DHFS Bureau of EMS and Injury Prevention has developed the WEMSIS software application, written in Microsoft Access. It is provided free to all the state's EMS services, and currently over 250 use it to submit their data to the EMS Bureau for analysis.

The first formal analysis results were completed in September; response times, injury types and trends, and health care outcomes were studied.

Contact Linda Watson, project manager, (608) 261-9437, WAT-SOLL@dhfs.state.wi.us.

Saving young lives ...

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- Coordination of emergency care with the primary care provider is often lacking.
- Curricula in pediatric emergency training are often deficient.
- Systems for the care of pediatric trauma, serious illness and those with special health care needs are not coordinated.



An advisory board, consisting of parents and healthcare professionals, including pediatric emergency and trauma care specialists, makes recommendations to DHFS.

In October the EMS for Children Program hosted a conference on pediatric emergencies for care providers.

Information is available on a wide variety of subjects, including: child passenger safety (see sidebar); guidelines on when it's better to call 911 than to transport an injured or ill child by private vehicle; and information on Wisconsin's Child Alert Program, an emergency response system for children with special health care needs.



Wisconsin Department of Health and Family Services

Bureau of EMS and Injury Prevention

Preventing injuries—child passenger safety

Nearly 1,400 child passengers die in motor vehicle crashes every year in the US, and more than 300,000 are injured.

SAFE KIDS Coalitions conduct car seat checks and find that more than 90% are misused in some way.

Wisconsin laws require:

- All child passengers under 4 years of age must be properly secured in an approved child safety seat.
- Children ages 4 through 7 must be buckled in a child safety seat or seat belt.

The safest place for children is to be properly secured in the back seat. Babies less than 20 pounds and up to one year should ride in an approved rear-facing infant seat. Infants should never ride in the front seat of a vehicle with a passenger air bag.

Children who have outgrown infant seats should be secured in forward-facing toddler seats until they are at least 40 pounds or 40 inches tall.

For more information, contact the Wisconsin EMS for Children Program, (608) 266-7457, or WisDOT-BOTS, (608) 267-7520.

Contact Mary Jean Erschen at (608) 266-7457 or erschmj@dhfs.state.wi.us, or visit www.dhfs.state.wi.us and check under services and programs.



Here's the law on yielding to emergency vehicles (under Wisconsin Statute 346.19).

Upon the approach of any emergency vehicle using its siren, the operator of a vehicle shall yield the right of way and immediately drive to a position as near as possible and parallel to the right curb or the right-hand edge of the roadway shoulder, clear of any intersection, and, unless otherwise directed by a traffic officer, shall stop and remain standing until the emergency vehicle has passed.

Creating a statewide trauma care system

by Jon Morgan

Legislation to develop a statewide trauma care system, passed in 1997 and 1999, created a trauma advisory council which is preparing a report with recommendations on:

- minimum services in rendering patient care
- transport protocols
- area trauma advisory councils and plans
- developing a way to classify hospital emergency care capabilities
- improving communication systems between hospital and pre-hospital elements of the system
- developing a statewide trauma database to measure care effectiveness and promote program improvement
- triage
- inter-facility transfers
- enhancing education of health care personnel

The report is due January 1, 2001, with implementation of a trauma care system by July 1, 2002. Since motor vehicle crashes are a major cause of trauma, particularly massive trauma, development of this system has important life-saving potential.

Contact the DHFS Bureau of EMS and Injury Prevention (608) 266-1568

Wisconsin EMS Advisory Board

by Dan Williams

Embodying a wide spectrum of expertise, this board provides advice on matters such as rule and statute changes to the DHFS Bureau of EMS and Injury Prevention.

The 11-person voting board, appointed by the governor, includes EMTs from volunteer services, paramedics, members from private ambulance services, and emergency medicine nurses and doctors. Three non-voting members represent DHFS, WisDOT and the Wisconsin Technical College System.

Communication flows in two directions. All sorts of input comes in to the board from EMS services and their communities, and the board sometimes puts out requests for feedback on areas of concern.

The board originated in the early '90s when the EMS Bureau felt several areas needed further attention. The bureau and EMS service providers asked the National

Highway Traffic Safety Administration to launch a study of these areas. Now the board has requested, and the bureau has approved, a NHTSA follow-up study to see if progress is being made.

When first established, the board was charged with producing eleven reports, which are available from the EMS Bureau, covering topics such as funding and staffing of EMS services, and traffic safety issues.

Contact Dan Williams, board chair, dwillia2@mail.wiscnet.net

Wisconsin EMS Association

by Don Hunjadi

With 3,300 members, WEMSA is one of the largest EMS associations in the nation. Membership includes First Responders, EMTs, nurses and physicians, along with corporate members and 125 ambulance services.

The association publishes *EMS Professionals*, a magazine with local EMS news, changes at the state level, patient care tips, and no-holds-barred commentary. Information is also provided via the association's Web site at www.WisconsinEMS.com, a toll free hotline, (800) 793-6820, and *Hot Sheets* with the latest news. One of the largest EMS conferences in the U.S. is sponsored by WEMSA (see page 8).

WEMSA promotes improvements in legislation and regulations; two lobbyists work with the legislature, DHFS and WisDOT to ensure that EMTs are remembered as legislation is created and rules are changed.

The association's manager serves on the Wisconsin EMS Advisory Board (see article on this page).

Contact Don Hunjadi, manager, at donh@wisconsinems.com

EN CARE (Emergency Nurses CARE)

Injury prevention at its best!

by Jan Johnson RN

EN CARE, the Injury Prevention Institute of the Emergency Nurses Association, provides a wide variety of injury prevention programs, including alcohol awareness programs for teens and adults, and a child passenger safety program.

Each year emergency nurses reach thousands of people in Wisconsin with *Dare To Care*, a slide/video presentation on the consequences of drinking and driving, and safety belt noncompliance. Who better to educate the public than those who deal with the resulting tragedies?

Our jobs go beyond the emergency center, and if prevention programs save just ONE life, then the effort is worth it.

Contact Jan Johnson, Wisconsin EN CARE Institute chairperson, (920) 434-9480, jernurse@earthlink.net

Wausau fire department EMTs get their ambulance ready.



Wisconsin Chapter

American College of Emergency Physicians

by Gary Swart, MD FACEP

WACEP promotes the practice of emergency medicine for both its 375 physician members and for the public through educational and legislative initiatives. Since high quality emergency care begins in the field, these initiatives often directly involve EMS.

Several years ago, WACEP received a grant from the American College of Emergency Physicians to develop an EMS medical director training program; manuals and a video program were distributed statewide.

WACEP hosts annual educational programs on various emergency medicine topics, and is currently coordinating a study of statewide emergency department census and staffing patterns.

Its largest legislative effort has been toward passage of a Prudent Layperson Standard in Wisconsin, which would require insurance companies to pay for emergency room visits deemed appropriate by any prudent layperson.

WACEP has also promoted a standard seatbelt enforcement law, graduated driver licensing, do-not-resuscitate (DNR) identification bracelets, felony charges for assault of health care workers, and public access defibrillation (both training and equipment).

Call (800) 798-4911, E-mail to WACEP@aol.com.

Rural vs urban EMS transports

by Wayne Bigelow

Wisconsin CODES (Crash Outcome Data Evaluation System), located at the Center for Health Systems Research and Analysis, UW-Madison, links WisDOT crash data with hospital discharge data from the DHFS Office of Health Care Information. We have evaluated the number of EMS transports and health-related outcomes for rural and urban areas for 1991-1997 in Wisconsin (see below).

While rural occupants/pedestrians make up about 30% of all crash victims, they comprise over 45% of all EMS transports, almost 60% of all those hospitalized, and

80% of all deaths. Rural crash victims are almost twice as likely to be transported, three times as likely to be hospitalized, and nine times as likely to die as their urban counterparts. For those hospitalized, rural victims are four times as likely to have injuries classified as severe or critical.

These figures suggest the need for rural EMS services with training and equipment comparable to services in urban areas which typically have full-time staff.

Contact Wayne Bigelow, director, Wisconsin CODES Project, at Wayne_Bigelow@chsra.wisc.edu.

Rural EMS—Beating the odds

by Jan Victorson

Bayfield County, in the state's far north, has a population of 14,000 and covers 1,400 square miles. Emergency Government Services for the county works with nine ambulance services and a network of First Responders.

Time and distance are the enemy, and it's a continual challenge to beat the odds:

- against a vehicle crash being reported—or even noticed—when cars seldom pass.
- against the closest First Responder being available when needed.
- that we might be overwhelmed while alone at a crash scene.
- that the “golden hour” will slip away before the patient gets to a hospital.

Yet we make a remarkable difference for neighbor, stranger, family and friend; never knowing when ...

Contact Jan Victorson, coordinator, Bayfield County Emergency Government Services, at (715) 373-6113 or jvictorson@bayfieldcounty.org

Editor's note—The following are among the challenges that kept Jan busy while she wrote this article:

- Working with 50 other EMS people who shared their time to provide EMS for a mountain bike event on snowmobile and ski trails between Hayward and Cable that attracted 2,500 bikers from around the world.
- While she was typing up the article, a pager call went out that a young child was having trouble breathing—eight miles from her home; the nearest ambulance was 15 miles away. Jan and her husband (also an EMT) responded, communicated with the dispatcher, requested an advanced life support ground intercept, and received instructions from medical control.

American Trauma Society—Wisconsin Division (WATS)

by Mary Ellen Robertson

WATS is a nonprofit organization dedicated to advancing the knowledge of trauma care and to reducing the number of injuries, which are a leading cause of preventable death and disability. Trauma kills more people ages one to 44 than any disease—more than cardiovascular disease or cancer in this age group.

Membership includes the spectrum of trauma care providers as well as the lay public. Trauma prevention education programs and efforts to improve trauma care systems aim to reduce health care costs, improve outcomes, and enhance quality of life for the injured.

Contact Mary Ellen Robertson, Medical College of Wisconsin, (414) 529-1422



Learning about pediatric trauma care during WATS's annual educational seminar.

Victims of vehicle crashes	No. rural	%	No. urban	%
Occupants and pedestrians	1,019,311	100	2,349,456	100
EMS transport	102,077	10	119,269	5.1
Hospitalized	19,538	1.9	13,631	.6
Severe or critical injuries	2,316	.2	1,304	.06
Died	4,176	.4	1,036	.04

NOVEMBER/DECEMBER 2000

W H S P Partners

WISCONSIN HIGHWAY SAFETY PARTNERSHIP

The Wisconsin Highway Safety Partnership (WHSP) fosters better communication and cooperation among all kinds of public and private organizations which promote traffic safety. ■ In this WHSP section of the *Traffic Safety Reporter*, three members of the partnership are profiled.



Sheriff Randy Stammen

Sauk County Sheriff's Department

Promoting traffic safety is an important part of Sheriff Stammen's work—both within Sauk County and as a member of statewide public safety and law enforcement organizations.

During the last several years, he has participated in several Highway 12 Corridor Safety Projects funded by WisDOT. Designed to help reduce this highway's high crash rate, these projects reimburse the county for law enforcement programs; for example, targeting speeding and drunk driving.

As a lieutenant and captain, he was involved in statewide organizations such as the Wisconsin Safety Belt Coalition, which promotes standard safety belt enforcement, and as a captain and sheriff he has served on the Sauk County Traffic Safety Commission.

In 1997 he was elected president of the Wisconsin Sheriffs and Deputy Sheriffs Association, and he has co-chaired its legislative committee which reviews proposed legislation. Changes in the drunk driving laws have been an important recent topic.

He is also a member of the Wisconsin Law Enforcement Coalition, which reviews proposed legislation and makes recommendations to the legislature. Racial profiling has been a topic of recent lively debate. Is there a need for legislation to require law enforcement agencies to document contacts with the public to see if race is playing a role in traffic stops?

Contact Sheriff Stammen at rstammen@co.sauk.wi.us

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Linda Hale, RN, BSN, CEN, EMT

Chief, Injury Prevention Section
Bureau of EMS and Injury Prevention
Division of Public Health
Wisconsin Department of Health and Family Services

In May 1999, Hale became chief of the Injury Prevention Section (see page 3). Since then she has been identifying key injury stakeholders, resources, programs and injury prevention activities and partners across the state, in both private and public sectors.

Prior to coming to state government, she worked at Gundersen Lutheran Medical Center, a tertiary health care facility in western Wisconsin. She was program and clinical director for MedLink AIR, their air medical and critical care ground inter-facility transport service, and their advanced life support specialty care transport service. She has been involved with education and injury prevention throughout her 16-year emergency and pre-hospital nursing career.

Traffic crashes are the leading cause of premature, unintentional deaths in Wisconsin, and she became involved with WHSP to explore ways to enhance access to EMS and promote injury prevention through improved collaboration.

Contact Hale at (608) 267-7174, or HaleLJ@dhfs.state.wi.us.



Chief Gale Haas

Hallie Police Department

The town of Hallie (pop. 5,000) lies between Eau Claire and Chippewa Falls. It is perhaps best known for recreation on Lake Hallie, its fine parks and growing commercial center.

Chief Haas has served with the Hallie Police Department for 23 years and was appointed chief in 1980. His department has been involved in several WisDOT BOTS-funded traffic safety projects, including efforts to reduce speed and increase safety belt use. To reduce underage drinking, the department has participated in the CARD (Comprehensive Alcohol Risk reDuction) Project, which includes two "zero tolerance" programs: COPS IN SHOPS, with undercover officers posing as employees or customers in retail and serving establishments, and Party Patrol, with officers checking "party spots" and other events attended by young people.

Traffic volume and crashes have been increasing on US Highway 53, which passes through the township, and Haas has attended regional planning meetings which have included discussions of the new US 53 engineering plan and the State Highway 29 construction project, which will include work on the intersection with US 53. (For information on these projects, see 'Highway Project Information' under 'Roads and Highways' on the WisDOT Web site at www.dot.state.wi.us.)

Contact Chief Haas at ghaas@charter.net.

Preventing teen trauma

The PARTY Program (Prevent Alcohol and Risk-related Trauma in Youth) exposes teenagers to the tragic consequences of drinking and driving, non-use of safety belts, and other dangerous behavior.

Each week fifteen year-olds from Neenah and Menasha high schools take a six-hour field trip to Theda Clark Medical Center (Neenah) and follow the painful journey of trauma victims and their families through the hospital on the long road to rehabilitation. The day includes:

- Hands-on presentation from a paramedic
- Tour of ER and ICU (with simulations of trauma victims)
- Tour of helicopter critical care service with flight nurse
- Rehabilitation discussion
- Eating lunch as a head or spinal cord-injured patient; wearing a collar or other assistive device; relying on others for help
- Hearing stories from law enforcement representatives and injury survivors

Participants learn about the realities of injuries, about thinking first and making smart choices.

Contact Pam Witt-Hillen, RN, (920) 729-2428, pam.witthillen@thedacare.org, and visit www.thedacare.org/thedastar/



Students learn how to immobilize a crash victim, as well as other aspects of pre-hospital care (above).

An injury survivor talks about his life before and after (right).

Special glasses simulate loss of vision (e.g., peripheral) associated with brain damage (below).



Bystander assistance

by Vicki Roberts, RN

The survival chain in EMS depends on the following links:

- 1) early access (911)
- 2) early intervention (CPR / first aid / bystander assistance)
- 3) early transport (ambulance)
- 4) early advanced care (emergency department)

The best—and least expensive—way to improve our EMS system is through education of the public so they can help bridge the gap between when an injury occurs and arrival of EMS.

In 1997, Accident Scene Management, Inc. was established in Wisconsin to work with the WisDOT Bureau of Transportation Safety to teach a six-hour *Crash Course for the Motorcyclist*. So far, over 1600 people have been trained in bystander care, and now four programs are offered to train car drivers and health care professionals as well. Bystanders keep their own safety foremost in mind as they learn life saving techniques taught by trained personnel.

Contact Vicki Roberts, program director, (877) 411-8551 (toll free), info@accidentscene.net, and visit www.accidentscene.net.



Crash simulation helps the advanced class understand how emotion affects knowledge (left).

Participants learn full-face helmet removal along with jaw thrust rescue breathing (below).



TRAFFIC SAFETY & EMERGENCY MEDICAL SERVICES



Resources

WisDOT Bureau of Transportation Safety

Contact Don Hagen, (608) 267-7520, don.hagen@dot.state.wi.us.

ALERT (Airbag Lifesafety Education and Restraint Training)

Airbags, if un-deployed after a crash, can put rescuers at risk. This four-hour course for all medical and rescue personnel responding to crash scenes covers crash areas to avoid, including the airbag danger zone. Contact Don Hagen (see above).

DHFS Bureau of EMS and Injury Prevention

Call (608) 266-1568 or visit www.dhfs.state.wi.us and check under 'Services and Programs'.

Wisconsin EMS Association (see page 4)

Call (800) 793-6820 or visit www.WisconsinEMS.com.

Paramedic Systems of Wisconsin

A nonprofit organization providing education for the administrators of paramedic services, EMS medical directors, and centers which train paramedics. Each year PSW hosts a three-day conference. Contact Dan Williams, dwillia2@mail.wiscnet.net.

Materials from WisDOT

See the Need, Be the Help

Video and discussion guide on bystander care; what people can do at the crash scene until the ambulance arrives.

TIP (Trauma Injury Prevention) from EMS

Video and discussion guide with tips from the EMS perspective. Dramatizes the hazards of seatbelt non-use and drinking and driving.



Working Together in EMS

January 24-27, 2001
Milwaukee

Annual conference sponsored by the Wisconsin EMS Association (see page 4).

Special pre-conference for First Responders, and a workshop on pre-hospital pediatrics.

Call (800) 793-6820 or visit www.WisconsinEMS.com.

Wisconsin Kids Bicycle Clubs

Unlike their parents, many kids today aren't growing up bicycling. WisDOT and WE BIKE are partnering to develop the Wisconsin Kids Bicycle Club program, designed to teach 9-12 year old kids how to bicycle safely while exploring their communities. Clubs, each with an adult mentor, will be forming in spring 2001.

Contact Peter Flucke, WE BIKE, at (920) 497-3196, webike@aol.com, or JoAnne Pruitt Thunder, WisDOT, at (608) 267-3154, joanne.pruitt-thunder@dot.state.wi.us.

The human story behind the numbers

by Lynn Lulloff

The Wisconsin Injury Research Center, part of the Medical College of Wisconsin (Milwaukee), serves community organizations, government and health agencies, public policy decision makers, health care systems and others interested in reducing injury deaths and disabilities. The center is academically-based and inter-disciplinary.

One project currently underway is a pilot injury prevention effort to increase seatbelt use in Wisconsin. Statistics are often ineffective at conveying the tragedy of preventable injuries, so a public health message that humanizes motor vehicle crash injuries and deaths is being developed using newspaper stories along with crash statistics. Preliminary results are expected early next year.

Contact Lynn Lulloff at llulloff@hotmail.com.

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